



## **DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN**

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### **NPI TRANSITION PLAN-DENTAL BULLETIN Dentists, Dental Hygienists, Federally Qualified Health Centers, Public Health Departments**

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#### **NATIONAL PROVIDER IDENTIFIER**

Information regarding implementation of the National Provider Identifier (NPI) Transition Plan may be reviewed in the following bulletins previously released:

- National Provider Identifier (NPI) Transition Plan Bulletin All Providers, dated February 2, 2007
- NPI Transition Plan, Volume 28, Number 50, dated May 18, 2006
- National Provider Identifier (NPI) Bulletin, Volume 28, Number 21, dated November 1, 2005

#### **DENTISTS AND DENTAL HYGIENISTS NPI SUBMISSION**

Dentists and Dental Hygienists may start submitting their NPIs on April 1, 2007. Disregard the original submission date included in the NPI bulletin dated February 2, 2007.

#### **DENTAL CLINICS**

Effective April 1, 2007, Missouri Medicaid will begin the enrollment of dental clinics as Missouri Medicaid providers. Dental clinics will be assigned a 50 provider number which must be used as the billing provider on all dental clinic claims filed with Missouri Medicaid. To enroll as a dental clinic, providers must complete the 50-Clinic provider enrollment application located at <https://peu.momed.com/momed/presentation/commongui/PeHome.jsp> and follow the instructions at the site.

## **ENROLLMENT POLICY CHANGES**

In the past, provider types (first two digits of provider number-abbreviated as PT herein) were assigned more than one Missouri Medicaid provider number if the provider had more than one practice location, either a private practice, a practice affiliated with a clinic/group, or a combination of both. The Health Insurance Portability & Accountability Act of 1996 (HIPAA) standards for NPI limit an individual provider to only one NPI number.

With the implementation of NPI, Missouri Medicaid's enrollment processes will be changing for dental providers. Changes are as follows:

- All dental providers currently enrolled as a group (PT 40) will be converted to a clinic/group (PT 50) and do not need to reenroll. Letters have been sent to all providers who are being converted to a PT 50 stating the new provider number.
- Federally Qualified Health Centers (FQHC) dental clinic provider numbers (PT 40) will be terminated as the FQHC will begin using the PT 50 number. Letters have been sent to all FQHCs regarding termination of their dental clinic number.
- Each dentist performing services must be a Missouri Medicaid enrolled provider and also have an individual NPI number.

## **BILLING POLICY CHANGES**

Effective for dates of services on or after, April 1, 2007 dental services performed in a clinic/hospital/FQHC setting must be billed with the facility provider number (PT 50, 51, 54, or 55) as the billing provider and the individual dental provider number (PT 40) as the performing provider. For dates of services prior to April 1, 2007, providers may continue to use the current billing method **OR** may begin using the billing provider PT 50, 51, 54 or 55 and the performing provider number PT 40.

When billing with a performing provider number, fields 49 and 54 on the ADA 2002, 2004 claim form will be required. These fields must be completed or the claim will deny.

Effective April 1, 2007, dental providers (PT 40) will be recognized as a performing provider under provider types:

- 50 (group);
- 51 (public health departments);
- 54 (hospital all department number); and
- 55 (hospital based clinics/departments).

Enrollment requirements for the dental hygienists have not changed; however, effective April 1, 2007, dental hygienists (PT 74) will be recognized as a performing provider under provider types:

- 50 (FQHC); and
- 51 (public health department).

**Provider Bulletins** are available on the DMS Web site at <http://dss.mo.gov/dms/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletins page.

**Missouri Medicaid News:** Providers and other interested parties are urged to go to the DMS Web site at <http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via E-mail.

**MC+ Managed Care:** The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

**Provider Communications Hotline**  
**573-751-2896**